

STATE OF MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

Weights and Measures Division

P. O. Box 1609 Jackson, MS 39215-1609 Phone: 601-359-1149

SERVICE REPORT FORM

This is to certify that I have on this day repaired and or placed in service the following described device and it now complies with the Laws of the State of Mississippi

Location of Device	ce				Date
Street Address		City	State	_ Zip	County
Type of Device:	Livestock Scale	Truck Scale O	Intermediate	Other:	
Device Capacity	Make	Model	Serial No.	•	New Installation Date
				[
	STAT	US OF DEVICE I	PRIOR TO SERVIC	CE	
1. Was the above described device rejected? Yes No					
2. Date of rejection Red tag number (if any)					
3. Describe work p	erformed:				
					_
	pair Company or Firm:				
Address		City		State	Zip
Repairman Name:			Repairman License	No.:	
		SPECIAL I	NSTRUCTIONS		

Note: Mail to above address or fax to 601-359-1175 within 3 days after repair or email wm@mdac.ms.gov